

Donor-Advised Fund Application



DONOR-ADVISED FUND NAME:

Choose the name of your Donor-Advised Fund (“DAF”). (Ex. The John & Jane Smith Donor-Advised Fund, The John & Jane Smith Family Donor-Advised Fund, The Smith Family Donor-Advised Fund.)

Fund Name:

DONOR INFORMATION

	DONOR	DONOR
Name		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell		
Date of Birth		
Email		

DAF ADVISOR INFORMATION

Please list any individual(s) who will have advisory rights in addition to yourself, either during your lifetime (Additional DAF Advisor) or in the event of your incapacity, disability, or demise (DAF Successor Advisor). The DAF account will operate according to your instruction or your designated DAF Advisor’s instruction as indicated below. If no DAF Successor Advisor(s) is/are listed, the executive leadership of the Wycliffe Foundation shall make grants annually in accordance with your stated purposes.

	ADVISOR	ADVISOR
Advisor Type	<input type="checkbox"/> Additional DAF Advisor (optional) <input type="checkbox"/> DAF Successor Advisor (recommended)	<input type="checkbox"/> Additional DAF Advisor (optional) <input type="checkbox"/> DAF Successor Advisor (recommended)
Name		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell		
Email		
Relationship to Donor	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (please identify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (please identify) _____
Account Information*	<input type="checkbox"/> Send account information only upon death of surviving donor.	<input type="checkbox"/> Send account information only upon death of surviving donor.

* All account information will be sent to the advisor(s) listed unless otherwise indicated above or selected in Donor First.

INITIAL SOURCE OF FUNDING

The minimum for funding a DAF is \$5,000; minimum \$100 for subsequent donations; minimum 10% to Wycliffe affiliates annually.

Immediate Funding	<input type="checkbox"/> Cash: _____ (Please make checks payable to Wycliffe Foundation) <input type="checkbox"/> Non-cash Property (please describe) _____ Acquisition Date: _____ Cost Basis: (# Shares) _____ Ownership: _____ Cost Basis: (Price/share) _____ <p style="text-align: center;">Estimated fair market value of securities: _____</p>
Deferred Funding	<input type="checkbox"/> Charitable Remainder Trust <input type="checkbox"/> Lead Trust <input type="checkbox"/> Endowment <input type="checkbox"/> Payable On Death <input type="checkbox"/> Remainder Lead Trust <input type="checkbox"/> Annuity <input type="checkbox"/> Bequest <input type="checkbox"/> Insurance <input type="checkbox"/> Other (please describe) _____ _____
Total estimated value of all assets combined: _____	

INVESTMENT OBJECTIVE PREFERENCE

PLEASE SELECT ONE based on your distribution plans**. For donors wishing to distribute DAF funds within:

- Less than 1 Year – Cash
- 1-5 Years – Money Market (Wycliffe Ready Investment Account)
- 5 years or more - Conservative Model (20% Equities / 80% Bonds)
- 5 years or more - Balanced Model (50% Equities / 50% Bonds)
- 5 years or more - Growth Model (80% Equities / 20% Bonds)

PURPOSE/DESIGNATION ** (OPTIONAL, if known. If not, check the box “To be determined” below.)

Please indicate your charitable interests or designations below by entering the desired dollar amount or percentage of the gift fund to be distributed. Note: Your designations must be for qualifying charitable organizations that are tax exempt under section 501(c)(3) of the Internal Revenue Code. Wycliffe Foundation reserves the right to reject grant requests for organizations that are not in line with Wycliffe’s morals and Statement of Faith found on Wycliffe.org under About, Our Beliefs.

At least 10% of your annual distributions must be to a Wycliffe entity.

Note - Minimum distribution amount is \$100, maximum 60 distributions per year.

To be determined.

Organization Name	Specific Purpose Designation	Grant \$ or %	Anonymous?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

CHARITABLE REMAINDER BENEFICIARY(IES) OF THE DAF ACCOUNT**

Upon the passing of the surviving donor, and in the absence of a DAF Successor Advisor, the remaining fund balance will be distributed as follows (minimum of 10% to Wycliffe affiliates). If you have more charitable organizations than there is space below, please attach an additional sheet.

Organization Name	Specific Purpose Designation	Grant \$ or %	Anonymous?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

** Listed purposes, designations, and beneficiaries may be changed at any time with written notice to Wycliffe Foundation.

STATEMENT OF UNDERSTANDING

By completing and signing this application , I acknowledge that I understand the Donor-Advised Fund I am creating is an irrevocable gift account. As such, ownership and custody of our donated funds have been given to Wycliffe Foundation. I hereby acknowledge that I have read the Wycliffe Bible Translators, Inc. Statement of Faith and I understand that Wycliffe Foundation’s adherence to such Statement of Faith will be the basis upon which distributions to charitable beneficiaries will be evaluated. I also understand that any requested distributions to charities whose mission is determined by Wycliffe Foundation to be antithetical to the Wycliffe Bible Translators, Inc. Statement of Faith, will be disqualified as grant recipients by Wycliffe Foundation. I will abide by the Donor-Advised Fund policies as set forth by Wycliffe Foundation and understand that these policy restrictions may exceed the minimum government requirements. I understand fees will be charged for administering this account, and I acknowledge and have read the current fee schedule provided by my Gift Planning Advisor. I acknowledge that our communication with Wycliffe Foundation regarding the administration of this account will be advisory only and the ultimate decisions and discretion regarding the investment of these funds is the responsibility of Wycliffe Foundation. (If completing this online, entering your information below represents your electronic signature.)

	DONOR	DONOR
Signature (type full name)		
Date		